195731, 195737, 195733, 195734, 195735, 195736 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Fro	m 44593 (R2 / 8								
1.	TYPE OF NOTI	FICATION (check one):	Original * Must incl			ICourtesy Indiana			
II.	FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)								
	Owner: City of richmond								
	Address: 50	north 5th st							
	City: richmor	nd .		State: in		Zip:			
	Contact: as	nley schultz		Telephone #:	7659837343				
χ	Removal Contractor:_D	onathan's inspections		Demolition Contractor:					
	Address: 350	04 n. linden st		Address:					
	City: muncie	State: in	Zip: 47304						
	Contact: robe	ert	Phone: 7656311765	Contact:	Phone:				
	IN License #:	19a003400	Expiration: 10/14/16						
				(Required for asbestos	projects at schools K - 1	2)			
	Inspector: ry	an orzechowicz		Project Designer:					
	Address: 34	10 mishawaka ave		Address:	DeptofEnvironmentalManagement StateofIndiana DeptofEnvironmentalManagement StateofIndiana				
	City: south b	end State: in	Zip: 46615	i					
	IN License #	19a7001542	Expiration: 1/07/16	IN License #:		EB 1 5 2016 vironmentalManagement StateofIndiana Zip: Zip: Zip: Tation: Top Asbestos Material moved before demolition Category II Etc. St.: y: wayne			
	Phone:			Phone:		 			
Ш,		PE OF OPERATION (check one) Renovation:X Emergency Renovation:				on:			
IV.		PRESENT? (check one)	YES: X	. NO:	Ordered Demondon.	· · · · · · · · · · · · · · · · · · ·			
V.	PROCEDURES, bulk samplin	INCLUDING ANALYTICAL I	METHODS, IF APPROPRIATE credited lab, visual inspe	USED TO DETECT THE PRE-	SENCE AND AMOUNT OF AS	BESTOS MATERIAL			
VI.	APPROXIMATE	AMOUNT OF ASSESTOS (I	including Regulated ACM, Ca	tegony I non-frighle Categony II	gon friable ACMA				
		Regulated		sbestos Material		bestos Material			
		ACM to be removed	To be	removed	Not to be removed	before demolition			
			Category I	Category II	Category I	Category II			
Pipes (L		175							
Total Vo	Area (SqFt) lume (CuFt)	3556 debris		7000transite					
	omponents	500ft ductwork		The state of the s					
VII.	SCHEDULED DA	ATES OF ASBESTOS STRIF	PING/REMOVAL: Star	n: 2/17/16	End: 3/1/16				
VIII. IX.		ATES OF RENOVATION RIPTION (Including building	Start: En	****	LITION: Start;	End:			
	Building Name: residence								
	Street Address: 24 s 13th st 926 s 11th st 301 n 21st st 903 sheridan st 439 s. 11th st 229 s. 10th st								
	City: richmon			State: in		iyne			
	Location of re	moval within building: b	The state of the s						
	Building Size			#	of Floors: 2	Age: unkn			
	Present Use:	vacant		· · · · · · · · · · · · · · · · · · ·		· • · · · · · · · · · · · · · · · · · ·			
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Andrea James

Λ.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED								
,	the building is set for demolition the demolition contractors have filed there own notifications								
		· · · · · · · · · · · · · · · · · · ·		· • • • • • • • • • • • • • • • • • • •					
				· . — · · · · · · · · · · · · · · · · ·					
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:								
	area will be set up as a neg pressure enclosed containment removal will be done using wet methods, all waste								
	will be double bagged using 6mil bags generator labels will be placed on bags bags will be stored in locked area								
	waste will be disposed of at a landfill approved by idem, all removal will be done by licensed indiana asbestos								
	supervisors and workers, all work will comply with local, state, federal regulations								
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTO MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: all work will cease and any suspect materials will be tested for asbestos containing materials by a licensed indiana								
	asbestos inspector and if any materials has to be removed it will be done by a licensed indiana asbestos contractor								
	using licensed india	using licensed indiana asbestos supervisors and workers							
III.	WASTE TRANSPORTER		XIV. WAST	E DISPOSAL SITE					
	Name: Haynes landfill		Name	_{Name:} Haynes landfill					
	Address 3450 n. spice	land rd.	Addre	ss: 3450 n. spic	eland rd.				
	City: newcastle	·Citv:	newcastle	State: in	Zip: 47362				
	Contact: leon	State: in Zip: 4736	1	t; leon		ne: 765-529-2337			
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF TH FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTE DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).								
	Name:	Tit			Date ordered to begi	n:			
	Authority:				Date of Order:				
KVI.	FOR EMERGENCY RENOVATIONS: Date and time of emergency:								
	Description of sudden, unexpected event:								
	Explanation of how the event caused unsafe conditions or would cause equipment damage:								
XVII.	THEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLI INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14: THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAININ WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.								
	Cafee I and The 2/11/16								
	Owner/operator (signature)	pur flether	date						
	Robert Donathan Owner/operator (printed)		asbestos contractor						
د ند به په په په									
		**************************************	SEONLY ********	**********	*********	********			
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State From 44593 (R2 / 8-99)

II.	TYPE OF NOTI	FICATION (check one):	Original * Must incl	X Revised * ude copy of notification w		Courtesy				
11.	FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)									
	Owner: City	of richmond	i g · · · · · · · · · · · · · · · · · ·							
	Address: 50	north 5th st				· · · · · · · · · · · · · · · · · · ·				
	City: richmor	nd [®]		State: in		Zip:				
	Contact: asl	nley schultz		Telephone #: 7659837343						
	Removal Contractor: [Oonathan's inspections	· · · · · · · · · · · · · · · · · · ·	Demolition Contractor:						
	Address: 3504 n. linden st City: muncie State: in			1	- :					
			Zip: <u>47304</u>	City:	State:	Zip:				
	Contact: robe	ert	Phone: 7656311765	Contact:	Contact: Phone:					
	IN License #:	19a003400	Expiration: 10/14/16							
				(Required for asbestos projects at schools K – 12)						
	Inspector: ry	an orzechowicz		Project Designer:						
	Address: 34	10 mishawaka ave		Address:						
	City: south bend State: in		Zip: 46615		Zip:					
	IN License #:	19a7001542	Expiration: 1/07/16		Expiration	ation:				
	Phone:			Phone:						
III.		RATION (check one)	Renovation:	<u> </u>		Emergency Renovation: Ordered Demolition:				
ÍV.	Intentional Burning: IS ASBESTOS PRESENT? (check one)		Demolition: YES: X	N.	NO:					
V.	PROCEDURES		ETHODS, IF APPROPRIATE	USED TO DETECT THE I	PRESENCE AND AMOUNT OF	ASBESTOS MATERIAL				
VI.	APPROXIMATE	AMOUNT OF ASBESTOS (In	ncluding Regulated ACM, Ca	ategory I non-friable Catego	ory II non-friable ACM)	<u> </u>				
	- Comment	Regulated ACM to be removed	Non-friable A	sbestos Material removed	Non-friable /	Non-friable Asbestos Material Not to be removed before demolition				
		Moin to be tellioved	Category I	Category II	Category I	Category II				
Pipes (L	inFt)	100								
	Area (SqFt)	3556 debris								
	olume (CuFt) components									
VII.	SCHEDULED D	ATES OF ASBESTOS STRIP	PING/REMOVAL: Sta	rt: 2/15/16	End: 2/24/16					
VIII.	SCHEDULED D	ATES OF RENOVATION:	Start: Er	end: DEMOLITION: Start: End:						
IX.	FACILITY DESC	RIPTION (Including building	name, floor, and room num	ber)		· · · · · · · · · · · · · · · · · · ·				
	Building Name: residence									
	Street Addres	·								
	City: richmond			State: in	County;_\	County_wayne				
	Location of re	moval within building: b	asement area							
	Building Size	(SqFt): 3556			# of Floors: 2	Age:_unkn				
	Present Use:	vacant		Prior use: residence						

Χ.	TYPE OF MATERIALS REM	ED DEMOLITION OR RENOVATION WORK, MOVED	METHODS/T	ECHNIQUES TO BE USED), AFFECTED FACILIT	Y COMPONENTS AND			
	the building is set for demolition the demolition contractors have filed there own notifications								
									
XI.	DECORPTION OF MORKE								
XI,	INCLUDING ASBESTOS STI	PRACTICES AND ENGINEERING CONTROL TRIPPING, REMOVAL AND WASTE HANDLIN HE COURSE OF THE PROJECT:	S TO BE USE NG PROCEC	ED TO PREVENT EMISSIO JURES TO PREVENT NON-	INS OF ASBESTOS A I-FRIABLE ASBESTOS	T THE SITE; 3 MATERIAL FROM			
	area will be set up as a neg pressure enclosed containment removal will be done using wet methods, all waste								
	will be double bagged using 6mil bags generator labels will be placed on bags bags will be stored in locked area								
	waste will be disposed of at a landfill approved by idem, all removal will be done by licensed indiana asbestos								
Ĺ	supervisors and work	kers all work will comply with local st	tate,federa	al regulations					
XII.	MATERIAL BECOMES CRUM	DURES TO BE FOLLOWED IN THE EVENT THE INTERIOR OF REDUCED POWER AND AUTOMOTOR OF THE PROPERTY	DER:	•					
	all work will cease and any suspect materials will be tested for asbestos containing materials by a licensed indiana								
÷.	asbestos inspector and if any materials has to be removed it will be done by a licensed indiana asbestos contractor using licensed indiana asbestos supervisors and workers								
XIII.	WASTE TRANSPORTER		XIV.	WASTE DISPOSAL SITE					
	Name: Haynes landfill			Name: Haynes landfil					
	Address: 3450 n. spicelai	and rd.	Ī	Address: 3450 n. spic					
	city: newcastle	State: in Zip: 47362	:	City: newcastle	State: in	Zip: 47362			
	Contact: leon	Phone: 765-529-2337		Contact: leon	The state of the s	ne: 765-529-2337			
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b).								
	Name:	Title;			Date ordered to begin				
	Authority:				Date of Order:				
XVI.	FOR EMERGENCY RENOVATIONS: Date and time of emergency:								
AVI.	Description of sudden, unexpe			Date and time of emergeno	cy				
	Description of Sudden, Groups	Description of sudden, direxpected events.							
	Explanation of how the event caused unsafe conditions or would cause equipment damage:								
XVII.	INDIANAPOLIS AIR POLLUTION	THEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.							
		about Come Them		2/1/16					
	Owner/operator (signature)	1-400-		date					
	Robert Donathan Owner/operator (printed)		 -	asbestos contractor	ir.				
*****	owner/operator (printed)	and the second s	ومراهد والمساعد المساعد المساع	affiliation	* *********	•			
		- OTT TOE BOE	T			********			
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT 195 NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State From 44593 (R2 / 8-99) REGETIHESY StateofIndiana Canceled Original Revised * TYPE OF NOTIFICATION (check one): * Must include copy of notification which is being revised FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer) Ĥ. FEB 01 2016 Owner: City of richmond DeptoliziivironmentaiManagement StateofIndiana Address: 50 north 5th st City: richmond State: in Telephone #: 7659837343 Contact: ashley schultz Demolition Removal Contractor: Donathan's inspections Contractor: Address: 3504 n. linden st City: muncie State: State: in Zip: 47304 Phone: 7656311765 Contact: Contact: robert Phone: IN License #: 19a003400 Expiration: 10/14/16 (Required for asbestos projects at schools K - 12) Inspector: ryan orzechowicz Project Designer: Address: 3410 mishawaka ave Address: City: south bend State: in Zip: 46615 City: _____ State:____ Zip:____ IN License #: 19a7001542 Expiration: 1/07/16 IN License #: Expiration: Phone: Phone: III. Х TYPE OF OPERATION (check one) Renovation: Emergency Renovation: Intentional Burning: Demolition: Ordered Demolition: IV IS ASBESTOS PRESENT? (check one) YES: NO: V PROCEDURES; INCLUDING ANALYTICAL METHODS; IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL bulk sampling samples read by accredited lab visual inspection by licensed inspector VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM) Non-friable Asbestos Material Non-friable Asbestos Material Regulated To be removed Not to be removed before demolition ACM to be removed Category I Category II Category I Category II 100 Pipes (LnFt) 3556 debris Surface Area (SqFt) Total Volume (CuFt) on/off Components Start: 2/15/16 VII End: 2/24/16 SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: VIII SCHEDULED DATES OF RENOVATION: Start: DEMOLITION: Start: IX. FACILITY DESCRIPTION (Including building name, floor, and room number) Building Name: residence Street Address: 24 s 13th st. City: richmond State: In County: wayne Location of removal within building: basement area Age: unkn # of Floors: 2 Building Size (SgFt): 3556 Prior use: residence Present Use: vacant

page 1 of 2

Andrea James

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. X .	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED								
	the building is set fo	or demolition the demo	lition contractors	have filed	there own notifi	cations			
				·	· 				_ <u>. i</u> :
		er e					-		_
				 					7
									 •
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT:								
	area will be set up a	as a neg pressure encl	losed containmer	nt removal	will be done usi	ng wet m	ethods,all w	aste	
	will be double bagged using 6mil bags generator labels will be placed on bags bags will be stored in locked area								
	waste will be disposed of at a landfill approved by idem, all removal will be done by licensed indiana asbestos								
	supervisors and workers, all work will comply with local, state, federal regulations								
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENTTHAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBEST MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER. all work will cease and any suspect materials will be tested for asbestos containing materials by a licensed indiana								
	asbestos inspector and if any materials has to be removed it will be done by a licensed indiana asbestos contractor								
	using licensed indiana asbestos supervisors and workers								
XIII.	WASTE TRANSPORTER			XIV.	WASTE DISPOSAL	_ SITE		·	
• • • • • • • • • • • • • • • • • • • •	Name: Haynes landfill				Name: Haynes I				
	Address: 3450 n. spice				Address: 3450 n		d rd.	** }*	
	City: newcastle		z _{ip:} 47362		City: newcastle			Zip:	47362
	Contact: leon		5-529-2337		Contact: leon	•	Pho		······································
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF T FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFT DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC-14-10-1(b)								
	Name:	·	Title:		·	Date	ordered to begi	n:	
	Authority:					Date o	of Order:		,
XVI.	FOR EMERGENCY RENC	OVATIONS:		• • • • • • • • • • • • • • • • • • • •	Date and time of en	nergency:	<u></u>		
	FOR EMERGENCY RENOVATIONS: Date and time of emergency: Description of sudden, unexpected event:								
	Explanation of how the event caused unsafe conditions or would cause equipment damage:								
XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJES SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICAB INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS.								
	Owner/operator (signature) 2/1/16 date								
	Robert Donathan asbestos contractor								
	Owner/operator (printed) affiliation								
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page 2 of 2